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APPLICANTS

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**** CONTINUING DATA *******

This application is a DIV of 09/725,608 11/29/2000 PAT 6,506,412

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****

** 01/30/2002

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|--|-------------------------------|----------------------------|--------------------------|--------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY CA | SHEETS DRAWING 0 | TOTAL CLAIMS 7 | INDEPENDENT CLAIMS 1 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature | Initials | | |

ADDRESS

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TITLE

Treatment of dry eye syndrome

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| FILING FEE RECEIVED 370 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees |
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